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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
with Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number 500615.20198

First Named Inventor Kazunori Nishikawa

COMPLETE IF KNOWN

Application Number /

Filing Date June 24, 2003

Art Unit Unknown

Examiner Name Unknown

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TOILET COVER OPENING/CLOSING DEVICE

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
2002-183424	Japan	06/24/2002	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		026418		OR <input type="checkbox"/>		Correspondence address below	
Name Eugene LeDonne, Esq.									
Address Reed Smith, LLP 599 Lexington Avenue									
City New York					State New York		ZIP 10022-7650		
Country United States				Telephone (212) 521-5400			Fax (212) 521-5450		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]) Kazunori					Family Name or Surname Nishikawa				
Inventor's Signature					Date				
Residence: City Suwa-gun, Nagano			State		Country Japan		Citizenship Japan		
Mailing Address c/o Sankyo Seiki Mfg. Co., Ltd., 5329 Shimosuwa-machi,									
City Suwa-gun, Nagano			State		ZIP		Country Japan		
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]) Hiroshi					Family Name Yamada or Surname				
Inventor's Signature					Date				
Residence: City Suwa-gun, Nagano			State		Country Japan		Citizenship Japan		
Mailing Address c/o Sankyo Seiki Mfg. Co., Ltd., 5329 Shimosuwa-machi,									
City Suwa-gun, Nagano			State		ZIP		Country Japan		
<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

Please type a plus sign (+) inside this box →

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	June 24, 2003
First Named Inventor	Kazunori Nishikawa
Title	TOILET COVER
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	500615.20198

I hereby appoint:

☒ Practitioners at Customer Number →

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☒ Firm or Individual Name Eugene LeDonne, Esq., Reed Smith LLP

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Hiroshi Yamada

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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